Posaconazole provides modest incremental benefits compared with standard azole therapy in the prophylaxis against IFIs among high-risk neutropenic patients. Routine Posaconazole use appears a cost saving when the likelihood of IFIs or the cost of treatment medications is high.

PODIUM SESSION III: COST STUDIES V

CS17

COSTOS DE LA ESCLEROSIS MÚLTIPLE EN COLOMBIA

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OBJECTIVOS: Estimar, según nivel de progresión de la enfermedad (EDSS), los costos de tratamiento de la Esclerosis Múltiple en Colombia, desde la perspectiva del tercero pagador. **METODOLOGÍAS:** Con base en la prevalencia de la enfermedad y desde la perspectiva del tercero pagador, se realizó un estudio costos de la enfermedad usando técnicas de estimación de doble vía: a)"top-down" para estimar costos durante las recaídas a partir de la revisión de registros clínicos de 304 pacientes de diferentes hospitales; b)"bottom-up" para estimar costos de servicios ambulatorios a partir de un cuestionario (Kobelt, 2006) aplicado a 137 pacientes ubicados en diferentes regiones de Colombia, agrupados en 4 estadíos según EDSS. **RESULTADOS:** La edad media de los pacientes fue de 43.7 años, el 73% de los pacientes con recaídas correspondió a mujeres. Las recaídas tuvieron un costo medio de $2,433,182 COP (U$1,237). El costo medio anual por paciente varía de acuerdo a la fase de la enfermedad siendo el más alto en la Fase II (EDSS 3–5.5) de $50,581,216 COP (U$25,713) y el más bajo para la Fase IV (EDSS 8 a 9.5) de $20,738,845 COP (U$10,543). El costo de los medicamentos modificadores de la enfermedad representó el 95.6% del costo total anual de la fase de remisión. No se encontraron diferencias de costos asociadas al género. **CONCLUSIONES:** La Esclerosis Múltiple en Colombia representa una enfermedad catastrófica para el sistema de salud debido al alto costo en su tratamiento. Sus costos directos sin incluir las recaídas equivalen en promedio a 75 veces al costo de la prima anual del seguro de la seguridad social en salud en Colombia, para una persona en el año analizado (2008). Los costos varían en proporción a la severidad medida por EDSS.

CS18

ECONOMIC EVALUATION OF BARIATRIC SURGERY AS TREATMENT FOR OBESITY AND ASSOCIATED COMORBIDITIES—ESTIMATION BY DISCRETE EVENT SIMULATION

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OBJECTIVES: Estimate the cost and return of investment (ROI) for bariatric surgery vs. conventional approach (diet, exercise, medications for comorbidities) as treatment for obesity in patients with BMI ≥ 35 kg/m2 and at least one associated comorbidity in the Mexican context. **METHODS:** The treatment pathway of 100 patients was simulated by a discrete event simulation model, where bariatric surgery (intervention group) was compared to conventional treatment (control group) under the institutional/hospital perspective. The considered procedures were gastric bypass (GB) and adjustable gastric banding (AGB), as well as bariatric surgery overall (BS), each independently compared and evaluated. Each created patient had unique, randomly-assigned clinical characteristics, who was then cloned and assigned to each treatment group. The evaluated comorbidities were type-2 diabetes, hypertension, hypercholesterolemia, asthma and GERD. Data for prevalences and post-surgery resolved or improved comorbidity percentages were obtained from published meta-analysis. Costs of the pharmacologic treatment of comorbidities were taken from 2001 Seguro Popular reports. For the intervention group, costs of surgery and medications were considered, whereas only cost of medications for the control group. Twelve monthly surgeries were assumed in a 7- year time horizon. A 4.5% annual discount rate was utilized. Results are shown in years (ROI) and January 2009-adjusted Mexican pesos (per-patient costs) for each procedure. **RESULTS:** BS overall as an alternative and both GB and AGB as procedures were less costly than conventional treatment ($98,200). ROI for BS, GB and AGB was 3.33, 3.16 and 5.91 years, respectively. Per-patient costs for BS, GB and AGB were $60,900, $56,100 and $88,600. Savings are due to comorbidity resolution or improvement after the surgery. **CONCLUSIONS:** Investment in bariatric surgery (GB, AGB) offsets its cost and is recouped within a reasonable time, thus permitting health Institutions to reduce the epidemiologic and economic burden obesity imposes.

CS19

AUDITORIA BASEADA EM EVIDÊNCIAS (ABE): IMPACTO NO CUSTO DO TRATAMENTO QUIMIOTERÁPICO APÓS 3 ANOS DE IMPLANTAÇÃO

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OBJETIVOS: O custo crescente dos tratamentos quimioterápicos tem sido tópico de estudos em todo o mundo. Nosso objetivo foi avaliar o impacto financeiro da implantação de um sistema de ABE nos custos de quimioterapia. **MÉTODOS:** Num período de 3 meses em 2004, foram levantados os custos dos medicamentos de todos os procedimentos de quimioterapia realizados pelos quatro principais prestadores de uma operadora do Brasil, com 200,000 usuários. Os tratamentos foram avaliados por uma equipe de oncologistas auditores (OA) com extensivo treinamento em Medicina Baseada em Evidências (MBE) e classificados de acordo com as melhores evidências científicas disponíveis como Padrão ou Experimentais. Em dezembro de 2005 foi implantado um sistema de auditoria de oncologia online e reforçada aos prestadores a necessidade da aderência aos tratamentos com embasamento científico adequado. Em 2008 a extração de dados foi replicada. **RESULTADOS:** No período avaliado em 2004 os prestadores realizaram 305 quimioterapias, das quais a avaliação dos OA considerou 230 (75.4%) padrão e 75 (24.6%) experimentais. O custo total dos tratamentos considerados experimentais em 2004 foi de R$ 226,282.24 ou R$ 3,017.10 por tratamento. No mesmo período em 2008 foram realizadas 885 quimioterapias, sendo o aumento causado pelo crescimento significativo de duas das clínicas. Deste total os OA consideraram 828 (93.6%) padrão e 57 (6.4%) experimentais. O custo destes tratamentos experimentais foi R$ 379,711.25, com uma média de R$ 6,661.60. O custo de cada tratamento experimental mais que dobrou em 4 anos devido à introdução de novas drogas de alto custo como os anticorpos monoclonais. A implantação do sistema de auditoria baseada em evidências reduziu o percentual de tratamentos experimentais de 24.6% para 6.4%. **CONCLUSÕES:** A auditoria baseada em evidências resulta em um controle racional dos custos com benefícios ao paciente, que passa a receber um tratamento fundamentado em estudos científicos de boa qualidade.

CS20

RELATIONSHIP BETWEEN ADHERENCE LEVEL TO STATINS AND CLINICAL ISSUES AND HEALTH CARE COSTS IN REAL LIFE CLINICAL SETTING

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OBJECTIVES: To evaluate the impact of low adherence to statins on clinical issues and health care costs. **METHODS:** A cohort of 55,134 patients newly treated with statins was reconstructed from the RAMQ and Med-Echo databases. Subjects included were aged between 45 and 85, initially free of cardiovascular disease, newly treated with statins between 1999 and 2004 and followed-up for a minimum of 3 years. Adherence to statins was measured in terms of the proportion of days' supply of medication dispensed over a defined period, and categorized as ≥80% or <80%. The adjusted odds ratio of cardiovascular events between the two adherence groups was estimated using a polytomous logistic analysis. The mean costs of health care services were evaluated. A two-part model was applied for hospitalization costs. **RESULTS:** The mean high adherence level to statins was around to 96% during follow-up; and this value was at 42% for the low adherence level. The patients with low adherence to statins were more likely to have coronary artery disease [odds ratio (OR), 1.07; 95% confidence interval (CI), 1.01–1.13], cerebrovascular disease [OR: 1.13; 95%CI, 1.03–1.25] and chronic heart failure [OR: 1.13; 95%CI, 1.01–1.26] within 3-year period of follow-up. Low adherence to statins was also associated with an increased risk of hospitalization by 4% (OR: 1.04; 95%CI, 1.01–1.09). Among patients who were hospitalized, low adherence to statins was significantly associated with increase of hospitalization costs by approximately $1060/patient for a 3-year period. **CONCLUSIONS:** Low adherence to statins was correlated with a higher risk of cardiovascular disease and hospitalization and greater health care costs. An increased level of adherence to statin agents should provide a better health status for individuals and a net economic gain.

PODIUM SESSION III: HEALTH CARE USE & POLICY STUDIES II

HP5

PROFILE OF HTA USERS AND APPLICABILITY OF HTA REPORTS TO INFORM DECISIONS IN LATIN-AMERICA

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OBJECTIVES: The Institute for Clinical Effectiveness and Health Policy (IECS), an INAHTA member since 2005, is a major HTA agency in Latin America (LA) which has published over 300 HTA reports (HTAr). More than 7,200 registered users (RU) in IECS's network (mainly decision-makers from Argentina -65%- and other LA countries -25%) have unrestricted web-based access to abstracts. One way to assess the impact of our HTA activities is to analyze their website use.The objective was to evaluate RU profiles, HTAr consulted and perceived impact on policy decisions. **METHODS:** Between July and November 2008, a confidential self-administered survey was implemented to RU accessing HTAr. Data retrieved included subject characteristics, type of HTAr consulted and its perceived impact. **RESULTS:** A total of 1575 surveys were completed by 677 RU. While 179 HTAr were accessed, 10 were responsible for nearly a quarter of consultations (e.g., Bevacizumab for colorectal cancer, HPV vaccines, and rheumatoid arthritis treatments). Cancer-related HTAr were the most consulted (23%) followed by osteomuscular (15%) and cardiovascular (9%) topics. HTAr on drugs (48%) accounted for nearly half of the searches, followed by procedures (38%) and diagnostic tests (18%). Consultation reasons were institutional in 58%, professional (patient-oriented) in 27% and personal (patients and rela-